

THE STATE OF TEXAS

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AFFIDAVIT

COUNTY OF TRAVIS

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BEFORE ME, the undersigned authority, on this day personally appeared JOEL GALARZA, Authorized Representative of TEXAS WINDSTORM INSURANCE ASSOCIATION, who, after being duly sworn, deposes and says:

"My name is JOEL GALARZA and I am an Authorized Representative of TEXAS WINDSTORM INSURANCE ASSOCIATION. I am over the age of eighteen years, and I have personal knowledge of, and I am competent and authorized to testify to the facts set forth herein. I have read the foregoing answers to interrogatories and the answers thereto are true and correct."

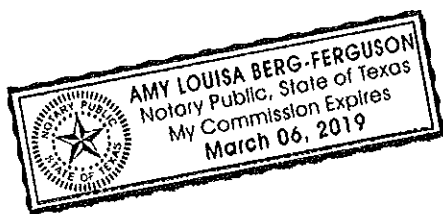
TEXAS WINDSTORM INSURANCE
ASSOCIATION

By: _____

JOEL GALARZA

Its: Authorized Representative

SUBSCRIBED AND SWORN TO BEFORE ME this 20th day of April, 2018, by JOEL GALARZA, Authorized Representative of TEXAS WINDSTORM INSURANCE ASSOCIATION, to certify which witness my hand and seal of office.



Notary Public in and for the
State of Texas